



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

District 69 Pre-K Registration Checklist

Welcome to District 69! Below is a checklist of items that are required by the District to complete the registration process.

If at any point you have any questions or need any assistance in completing the process, please contact a member of the Pre-K team:

Pre-K: PreKInfo@Skokie69.net, 847-675-7666

Checklist of Forms for District 69 Pre-K Students

- School District 69 Registration Form
- Skokie – Morton Grove School District 69 Home Language Survey
- Verification of Residency Form(s)
- Data Collection Form (ISBE)
- Authorization for Electronic Network Access Form
- Use of Student Photo, Video, and Information Authorization Form
- Physical Exam Form
- Family History Form
- Proof of Income Form
- Child Information Form
- Pre-K Screening Form
- Enrollment Preference Form
- Submission of Birth Certificate





SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

School District 69 Registration Form

PLEASE PRINT USING BLACK INK

Student Last Name	First Name	Middle Name	Gender	Birth Certificate No. Or Passport No.	
Street Address		City	State	Zip Code	Telephone Number ()
Date Of Birth		Place of Birth			<p>Who does the student live with?</p> <p><input type="checkbox"/> Both Parents in home</p> <p><input type="checkbox"/> Single Parent Family</p> <p><input type="checkbox"/> Lives with an adult other than guardian</p> <p><input type="checkbox"/> Youth in care</p> <p><input type="checkbox"/> Parents have joint custody</p>
Parent/Caregiver One Last Name	Parent/Caregiver One First Name		Date of Birth	Relationship to Student	
Parent/Caregiver One Business Phone		Name of Employer			
Parent/Caregiver One Cell Phone Number		Parent/Caregiver One E-Mail Address			
Parent/Caregiver Two Last Name	Parent/Caregiver Two First Name		Date of Birth	Relationship to Student	
Parent/Caregiver Two Business Phone		Name of Employer			
Parent/Caregiver Two Cell Phone Number		Parent/Caregiver Two E-Mail Address			
If there are custody restrictions, please describe and present legal documents for the student's file.					
If student does not live with either parent, identify with whom the student lives:					
What is your preferred mode of communication?		What is your preferred language?			
<input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Mobile App Notification					
List Members of Household	Relationship		Birth Date		If Student, Name of School
Emergency Information (List names other than parents/guardians)		<input type="checkbox"/> Emergency Only <input type="checkbox"/> Drop Off & Pick Up Only <input type="checkbox"/> Both		Relationship to Student	
		<input type="checkbox"/> Emergency Only <input type="checkbox"/> Drop Off & Pick Up Only <input type="checkbox"/> Both		Daytime Telephone Number	

Updated 12/21



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Date Family Moved to District 69:	Is Student a U.S Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, provide date student first entered a US school:	
Doctor's Name		Hospital of Birth:		Doctor's Telephone Number
Dentist Name				Dentist Phone Number
Has the student ever received any transitional language service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ESL (English as a Second Language) <input type="checkbox"/> Bilingual Education <input type="checkbox"/> Currently in a program at this time <input type="checkbox"/> Released from program				
Has student ever received any special education or early intervention services or attended a development screening? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of service(s):				
Does student currently have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Does student currently have a 504? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list medical problems or food restrictions, if any including life threatening food allergies:				
Previous Day Care / Preschool Experience				
0-3 Years Old	3 Years Old	4 Years Old	5 Years Old	
<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care	<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care	<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care	<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care	
Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	
# Days per week	# Days per week	# Days per week	# Days per week	
Previous school(s) student has attended: (START WITH KINDERGARTEN)				
School and District Name	City/State/Country			Grades Attended



Skokie – Morton Grove School District 69 Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency and may be eligible for English Learner services.

Student Name: _____

English

1. Is a language other than English spoken in your home?

No Yes _____ (language)

2. Does the student speak a language other than English?

No Yes _____ (language)

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Tagalog

1. May iba pa bang lengguwahen bukod sa Ingles na ginagamit sa iyong tahanan?

Hindi Oo _____ (Lengguwahen)

2. May ginagamit ba na ibang lengguwahen ang mag-aaral bukod sa Ingles?

Hindi Oo (Lengguwahen)

Ayon sa batas, kung "Oo" ang sagot sa parehong tanong, kailangan suriin ng paaralan ang kakayahan at kaalaman na mag-aaral sa wikang Ingles.

Spanish/Español

1. ¿Se habla algún otro idioma que no sea Inglés en su hogar?

No Sí _____ (Idioma)

2. ¿Habla el estudiante algún otro idioma que no sea Inglés?

No Sí _____ (Idioma)

Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la habilidad de su niño en Inglés.

Urdu

1. کیا آپ کے گھر میں انگریزی کے علاوہ کوئی دوسری زبان بولی جاتی ہے؟

نہیں بل _____ (زبان)

2. کیا طلب علم انگریزی کے علاوہ کوئی دوسری زبان بول سکتا ہے؟

نہیں بل _____ (زبان)

اگر کسی بھی سوال کا جواب بل میں ہے تو، قانون کے تحت اسکول

سے آپ کے بھے کی انگریزی زبان کی مہارت کا اندازہ لگانا پڑتا ہے۔

Assyrian

ب. سَمَّوْتُ، لِغْيَةَ مَهْلَكَةٍ مُّخْتَلِفَةٍ
وَمُخْتَلِفَةٍ مُّخْتَلِفَةٍ تَعْلَمُ؟

سَمَّوْتُ لَمَّا (لِغْيَة)

ج. سَمَّوْتَ مَهْلَكَةً مُّخْتَلِفَةً لِغْيَةَ مَهْلَكَةٍ مُّخْتَلِفَةٍ؟

سَمَّوْتَ لَمَّا (لِغْيَة)

بَدَأْتُمْ تَعْلِمُونَ تَعْلِمَةً مُّخْتَلِفَةً بَعْدَ تَعْلِمَةٍ بَعْدَهُمْ، فَهَذَا بَعْلَمَتُمْ لِخَتْنَانَكُمْ.

Arabic

1. هل تُستخدم لغةً أخرى غير اللغة الإنجليزية في منزلك؟

لا نعم _____ (اللغة)

2. هل يتحدث الطالب لغةً أخرى غير اللغة الإنجليزية؟

لا نعم _____ (اللغة)

إذا كانت الإجابة على أي من السؤالين نعم ، فإن القانون

يطلب من المدرسة تقييم إتقان طفلك للغة الإنجليزية.

** If the answer is "yes" to questions 1 and/or 2, the law requires the school to assess your child's English language proficiency **

Parent/Guardian Name

Parent/Guardian Signature

Date



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Verification of Residency

You must provide documentation showing you *live at* the address included in your registration. Please bring the following documents to register your child at District 69. You must provide at least **one document from Category 1** and **two documents from Category 2**. To guard your security, please block out account and social security numbers on the documents before you present them.

All documents must be current (within the last 30 days) and show your name and address. Check the boxes for the documentation you are providing and include the documentation with this completed form. To guard your security, please block out account and social security numbers on the documents before you present them.

Category 1 – provide at least one (1)	Category 2 – provide at least two (2)
<input type="checkbox"/> Property tax bill—(most recent for current year) <input type="checkbox"/> Signed lease <input type="checkbox"/> Mortgage document or payment <input type="checkbox"/> Military housing letter <input type="checkbox"/> Section 8 letter <input type="checkbox"/> Other*: _____	<input type="checkbox"/> Gas bill <input type="checkbox"/> Electric bill <input type="checkbox"/> Water/sewer bill <input type="checkbox"/> Cable bill <input type="checkbox"/> Internet bill <input type="checkbox"/> Bank statement <input type="checkbox"/> Public aid approval letter <input type="checkbox"/> Credit card statement <input type="checkbox"/> City sticker receipt OR vehicle registration (if renewed within the past 3 months) <input type="checkbox"/> Other*: _____

Living with another person or family (Homeowner)

- If you are living in a home that is owned by another person or family member you must complete **Affidavit A and B**.

Living with another person or family (Renter)

- If you are living in a home that is rented by another person or family member you must complete **Affidavit A, B and C**.

If the student's guardian is living with another person or family (requiring any affidavits), documentation from category 2 is required for the guardian and both category 1 and 2 for the homeowner/renter

Please contact the District's McKinney-Vento Liaison at (847) 675-7666 if you:

- Do not have a permanent residence;
- Are living in a shelter, hotel, campground, train/bus station, or other similar situation; or
- Are sharing housing with others due to loss of housing, economic hardship, or similar reason



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Affidavit of Residence - No Evidence (Document A)

(District Resident)

I, _____ hereby state that I live at _____
(resident) (Street Address)

In the Village of _____, Illinois.

_____ and _____ have lived with me since _____
(parent/guardian name) (child(ren) name)

For the following reasons (state any and all reasons):

Number of rooms in residence: _____

Number of bedrooms: _____

Total number of adults living in residence: _____

Children: _____

Yes No

The student and parent/legal guardian eat meals regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>
The student and parent/legal guardian sleep regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>
The student and parent/legal guardian spend weekends regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>
The student and parent/legal guardian spend summers regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>

(initial) I hereby swear that the information given is true and correct. I affirm that this residency arrangement is due to unique family or personal reasons and not to qualify the child as a student eligible to attend Skokie School District 69. I understand that I may be subject to criminal prosecution for perjury and I may be liable for annual tuition charges in the amount of \$16,287.21 if I have given false information.

Name of Resident

State of Illinois County of Cook
This record was signed and sworn (or affirmed) before me on _____
by _____
print name of signers

Signature of Resident

Date

Signature Notary Public



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Affidavit of Residence - No Evidence (Document B) (Parent/Guardian Living with District Resident)

I, _____ hereby state that I live at _____
(parent/guardian) (street address)

In the Village of _____, Illinois.

My former address is _____, _____, _____
(street address) (city) (state)

I have lived with _____ since _____
(district resident)

For the following reasons (state any and all reasons):

	Yes	No
The student and parent/legal guardian eat meals regularly at the residence listed above.		
The student and parent/legal guardian sleep regularly at the residence listed above.		
The student and parent/legal guardian spend weekends regularly at the residence listed above.		
The student and parent/legal guardian spend summers regularly at the residence listed above.		

(initial) I hereby swear that the information given is true and correct. I affirm that this residency arrangement is due to unique family or personal reasons and not to qualify the child as a student eligible to attend Skokie School District 69. I understand that I may be subject to criminal prosecution for perjury and I may be liable for annual tuition charges in the amount of \$16,287.21 if I have given false information.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

State of Illinois County of Cook
This record was signed and sworn (or affirmed) before me on _____ by
print name of signers

Signature Notary Public



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Affidavit of Residence - No Evidence (Document C) (Landlord)

I, _____, hereby state that I live at _____,
(landlord) (street address)

I am the landlord of the building located at _____, in the Village of _____, IL.
(street address)

I verify that _____ and _____
(parent/caregiver name) (child name)

Have resided at _____ since _____ and to the best of my knowledge,
(street address) (lease/arrangement start date)

said lease/arrangement will expire on _____.
(anticipated end date)

Number of rooms in residence: _____ Number of bedrooms: _____

Total number of adults living in residence: _____ Children: _____

(1) _____ I issued a new lease. (2) _____ I have added this person to the lease.

_____ I did not issue a new lease. _____ I have not added this person to the lease.

_____ I hereby swear that the information given is true and correct. I affirm that this residency arrangement is due
(initial) to unique family or personal reasons and not to qualify the child as a student eligible to attend Skokie School
District 69. I understand that I may be subject to criminal prosecution for perjury and I may be liable
for annual tuition charges in the amount of \$16,287.21 if I have given false information.

Name of Landlord

Signature of Landlord

Phone Number

Email Address

Date

State of Illinois	County of Cook
This record was signed and sworn (or affirmed) before me on _____ by _____ <i>print name of signers</i>	
Signature Notary Public	

Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards

SAMPLE DATA COLLECTION FORM

Note: The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

Student's Name: _____
(pre-printed by school district)

SIS ID: _____
(pre-printed by school district)

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Middle Eastern or North African:** (A person having origins in any of the original peoples of the Middle East or North Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Dear Parents/Guardians:

Our School District has the ability to enhance your child's education through the use of electronic networks, including the Internet. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication.

The District filters access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting. If a filter has been disabled or malfunctions it is impossible to control all material and a user may discover inappropriate material. Ultimately, parents/guardians are responsible for setting and conveying the standards that their child or ward should follow, and the School District respects each family's right to decide whether or not to authorize Internet access.

With this educational opportunity also comes responsibility. The use of inappropriate material or language, or violation of copyright laws, may result in the loss of the privilege to use this resource. Remember that you are legally responsible for your child's actions. If you agree to allow your child to have an Internet account, sign the Authorization form on the back and return it to your school office. Students in Grades 3-8 must also sign the form.

If you have any questions about Internet access, please feel free to contact me at millerc@skokie69.net.

Sincerely,

Chris Miller
Director of Technology



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Authorization for Electronic Network Access Form

Students must have a parent/guardian read and agree to the following before being granted unsupervised access:

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. **The failure of any user to follow the terms of the *Acceptable Use of Electronic Networks* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

I have read this *Authorization* form. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the *Acceptable Use of Electronic Networks* with my child. I hereby request that my child be allowed access to the District's electronic network, including the Internet.

Parent/Guardian Name (*please print*)

Parent/Guardian Signature

Date

GRADES 3-8 STUDENTS MUST ALSO SIGN

Students must also read and agree to the following before being granted unsupervised access:

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my email and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the District's electronic network, including the Internet.

Student Name (*please print*)

Student Signature Date

Date



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Use of Student Photo, Video, and Information

Student photos, videos, or work samples are used by District 69 in publications, on its website, for presentations, or with school social media. In addition, print/broadcast/online media or other District 69 partners may visit District schools and photograph or video students involved in activities.

No last names will be posted with photographs, except in yearbooks and/or school/class composites, without parent/guardian notification.

I hereby acknowledge that District 69 may use my child's photograph and projects as described above. This agreement will be valid for the duration of your child's enrollment in District 69 unless you annually revoke it by submitting a Do Not Use Student Photo or Information Form. Please contact your building principal to obtain this form.

Please note that it may not be possible for District 69 to identify all students in the background of photographs or videos so completion of this form may not prevent a student from appearing in a non-identifiable way, as part of a group.



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Physicals and Immunizations (Pre-K)

All new Pre-K students must submit a physical examination with an up-to-date immunization record upon entrance to preschool. **Students will not be allowed to start school without meeting this requirement.** The physical exam and immunization record must be completed on the [State of Illinois Certificate of Child Health Examination form](#) and signed by a physician, nurse practitioner, or physician assistant. Forms dated on or after August 21, 2024, will be accepted. Please make sure a parent/guardian completes and signs the Health History section of the form.

Required Immunizations:

PreK: 4 DTaP, 3 Polio, 1 MMR, 1 Hib or Primary Series, 1 Pneumococcal or Primary Series, 1 Varicella, 3 Hepatitis B

Required Lead Screening:

Lead screening is a required part of the health examination for children between one and six years of age entering preschool or kindergarten. You may need to inform your physician that local zip codes 60076, 60077, and 60053 are required for lead screening. **Your child will not be allowed to start the 2025-2026 school year without meeting this requirement.**



State of Illinois

Certificate of Child Health Examination

Student's Name			Birth Date (Mo/Day/Yr)	Sex	Race/Ethnicity	School/Grade Level/ID#		
Last	First	Middle						
Street Address		City	ZIP Code	Parent/Guardian		Telephone (home/work)		
HEALTH HISTORY: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER								
ALLERGIES (Food, drug, insect, other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	List:		MEDICATION (Prescribed or taken on a regular basis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	List:		
Diagnosis of Asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Loss of function of one of paired organs? (eye/ear/kidney/testicle)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child wakes during night coughing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Hospitalization? When? What for?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Birth Defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Surgery? (List all) When? What for?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Developmental delay?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Serious injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Blood disorder? Hemophilia, Sickle Cell, Other? Explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No			TB skin test positive (past/present)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, refer to local health department		
Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No			TB disease (past or present)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No			
Head injury/Concussion/Passed out?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Tobacco use (type, frequency)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Seizures? What are they like?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Alcohol/Drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heart problem/Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Family history of sudden death before age 50? (Cause?)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heart murmur/High blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Dizziness or chest pain with exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Eye/Vision problems?	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	Last exam by eye doctor		<input type="checkbox"/> Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other				
Other concerns? (Crossed eye, drooping lids, squinting, difficulty reading)	Additional Information: Information may be shared with appropriate personnel for health and educational purposes.							
Ear/Hearing problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Signatures: _____ Date: _____						
Bone/Joint problem/injury/scoliosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
IMMUNIZATIONS: To be completed by health care provider. The mo/day/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.								
REQUIRED Vaccine/Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR		
DTP or DTaP								
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	
Hib Haemophiles Influenza Type B								
Pneumococcal Conjugate								
Hepatitis B								
MMR Measles, Mumps, Rubella								
Varicella (Chickenpox)								
Meningococcal Conjugate								
RECOMMENDED, BUT NOT REQUIRED Vaccine/Dose								
Hepatitis A								
HPV								
Influenza								
Other: Specify Immunization Administered/Dates								
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.								
Signature _____	Title _____			Date _____				

Student's Name			Birth Date (Mo/Day/Yr)	Sex	School	Grade Level/ID#
Last	First	Middle				
Certificates of Religious Exemption to Immunizations or Physician Medical Statement of Medical Contraindication are reviewed and Maintained by the School Authority.						
ALTERNATIVE PROOF OF IMMUNITY						
1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.						
*MEASLES (Rubeola) (MO/DA/YR)		**MUMPS (MO/DA/YR)	HEPATITIS B (MO/DA/YR)	VARICELLA (MO/DA/YR)		
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.						
Date of Disease	Signature		Title			
3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Attach copy of lab result.						
*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.						
Physician Statements of Immunity MUST be submitted to IDPH for review.						
Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature:						
PHYSICAL EXAMINATION REQUIREMENTS		Entire section below to be completed by MD/DO/APN/PA				
HEAD CIRCUMFERENCE if < 2-3 years old		HEIGHT	WEIGHT	BMI	BMI PERCENTILE	B/P
DIABETES SCREENING: (NOT REQUIRED FOR DAY CARE)		BMI>85% age/sex <input type="checkbox"/> Yes <input type="checkbox"/> No And any two of the following: Family History <input type="checkbox"/> Yes <input type="checkbox"/> No				
Ethnic Minority <input type="checkbox"/> Yes <input type="checkbox"/> No		Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) <input type="checkbox"/> Yes <input type="checkbox"/> No At Risk <input type="checkbox"/> Yes <input type="checkbox"/> No				
LEAD RISK QUESTIONNAIRE: Required for children aged 6 months through 6 years enrolled in licensed or public-school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high-risk zip code.)						
Questionnaire Administered? <input type="checkbox"/> Yes <input type="checkbox"/> No		Blood Test Indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Blood Test Date		Result
TB SKIN OR BLOOD TEST: Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm						
<input type="checkbox"/> No test needed <input type="checkbox"/> Test performed		Skin Test: Date Read _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative mm _____				
		Blood Test: Date Reported _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Value _____				
LAB TESTS (Recommended)	Date	Results	SCREENINGS	Date	Results	
Hemoglobin or Hematocrit			Developmental Screening		<input type="checkbox"/> Completed	<input type="checkbox"/> N/A
Urinalysis			Social and Emotional Screening		<input type="checkbox"/> Completed	<input type="checkbox"/> N/A
Sickle Cell (when indicated)			Other:			
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs	
Skin	<input type="checkbox"/>		Endocrine	<input type="checkbox"/>		
Ears	<input type="checkbox"/>	Screening Result:	Gastrointestinal	<input type="checkbox"/>		
Eyes	<input type="checkbox"/>	Screening Result:	Genito-Urinary	<input type="checkbox"/>	LMP:	
Nose	<input type="checkbox"/>		Neurological	<input type="checkbox"/>		
Throat	<input type="checkbox"/>		Musculoskeletal	<input type="checkbox"/>		
Mouth/Dental	<input type="checkbox"/>		Spinal Exam	<input type="checkbox"/>		
Cardiovascular/HTN	<input type="checkbox"/>		Nutritional Status	<input type="checkbox"/>		
Respiratory	<input type="checkbox"/>	<input type="checkbox"/> Diagnosis of Asthma	Mental Health	<input type="checkbox"/>		
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g., Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g., inhaled corticosteroid)			Other	<input type="checkbox"/>		
NEEDS/MODIFICATIONS required in the school setting			DIETARY Needs/Restrictions			
SPECIAL INSTRUCTIONS/DEVICES (e.g., safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup)						
MENTAL HEALTH/OTHER Is there anything else the school should know about this student?						
If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal						
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?						
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:						
On the basis of the examination on this day, I approve this child's participation in				(If No or Modified please attach explanation.)		
PHYSICAL EDUCATION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified		INTERSCHOLASTIC SPORTS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified				
Print Name _____				<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> APN <input type="checkbox"/> PA		Signature _____ Date _____
Address _____ Phone _____						



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847) 675-7666 • FAX (847) 675-7675 • WWW.SD69.ORG

Family History Form

Student Name: _____

Parent/Guardian Name: _____

Please put an "X" next to all items below that apply to your child and/or family:

- Child has not previously participated in a formal early learning program
- Primary caregiver did not complete high school (i.e. no GED)
- Teen parent at birth of first child
- Single parent family and/or blended family
- Refugee family
- History of domestic violence
- DCFS involvement
- Severe, chronic or terminal illness of child or immediate family member
- A family member has a developmental delay or mental health need
- Parent is incarcerated
- Active duty military family
- Child was born outside of the United States or has one or more parent(s) or caregiver(s) born outside of the United States
- Child has received Early Intervention services and is not eligible for special education
- History of alcohol/drug abuse in family
- Parents unemployed or have multiple jobs
- Family is living in a home which does not have basic utilities (power/water)
- Family lives in isolation without a support system (family, friends, medical, faith based)
- Unstable housing
- Child has history of at-risk development (premature birth, outside therapies, etc)
- Child behavior concerns
- Child will enter kindergarten in the upcoming school year
- Sibling attended/attends District 69 Pre-K program
- Child experiencing or experienced trauma

Explain: _____

Revised 01/2023



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Student Last Name: _____

Student's First Name: _____

Name of Parent/Guardian: _____

Telephone: _____

The above-named student's family qualifies for food stamps or "Supplemental Nutrition Assistance Program" (SNAP) or "Temporary Assistance for Needy Families" (TANF). Case Number: _____

IF CHECKED, A CURRENT LETTER FROM THE DEPARTMENT OF HUMAN SERVICES WHICH INCLUDES THIS CASE NUMBER MUST BE ATTACHED.

The above-named student is qualified as a foster child, and his/her monthly personal-use income amount is: _____

IF CHECKED, A COPY OF A STATEMENT FROM THE AGENCY THAT PROVIDES THIS PERSONAL-USE INCOME, SHOWING MONTHLY AMOUNT RECEIVED, MUST BE ATTACHED.

IF NONE OF THE ABOVE APPLY, PLEASE COMPLETE THE FOLLOWING SECTION:

Please list names of all household members (including children), and the **gross** income they receive (before deductions), and how often it is received, or check box if no income for that person (if more space is needed, please attach additional sheets of paper):

1. Names (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Ex: \$100/month; \$100/twice a month; \$100/every other week; \$100/week)				3. Check if NO Income
	Earnings from Work GROSS- (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Workers' Comp, Unemployment, SSI, Etc. (All Other Income)	
A.					<input type="checkbox"/>
B.					<input type="checkbox"/>
C.					<input type="checkbox"/>
D.					<input type="checkbox"/>
E.					<input type="checkbox"/>
F.					<input type="checkbox"/>

Please Note: Proof of EACH income amount listed above MUST be attached to this application. A list of suitable forms of documentation is given on the reverse side of this application.



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675-7675 • WWW.SD69.ORG

Acceptable documentation includes:

- Pay stubs (two most recent, consecutive)
- Proof of WIC benefit
- Proof of Supplemental Nutrition Assistance Program (SNAP) benefit
- Proof of Temporary Assistance for Needy Families (TANF) enrollment
- Proof of Supplemental Security Income (SSI) benefit
- Proof the family receives Child Care Assistance Program (CCAP)
- Tax return (most recent)
- Wages and tax statement (most recent W-2)
- Verification/letter from employer
- Proof that parent is enrolled in Medicaid (a medical card with the child's name does not prove income eligibility).
- Signed written statement from the family (provide form for families with no income). This is only an option when families have no income sources.

I attest that the statements made herein are true and correct.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Any questions regarding this form should be directed to

(847) 675-7666 or PreKInfo@Skokie69.net

Following is to be completed by Preschool office only:

Total Number in Household: _____

Total Gross Income: _____ per (circle one)

Weekly Bi-Weekly Every 2 Weeks Monthly Yearly

Income Amount(s) Verified: Yes No

Valid SNAP/TANF Case Number Verified: Yes No



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Tell Us About Your Child

Student Name: _____

What is your child's eating / snack schedule?

What is your child's sleeping / nap schedule?

What are your child's favorite things to do?

Is your child afraid of anything?

Please indicate where your child is in the toilet training process (will not impact enrollment).

My Child is toilet trained We are working on it My child is not toilet trained

Please tell us more:

Describe any special information or instructions you would like the program staff to be aware of:

Please provide any other information that will help us serve you and your family better:

When speaking to your child, do you speak:

Primarily English Primarily Home Language Both English and Home Language Equally

What language does your child use when speaking to family members in the home?

Primarily English Primarily Home Language Both English and Home Language Equally



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Parent/Guardian Consent for Preschool Screening 2025 - 2026

Student's Name_____

Please place an X in the box:

I give consent for my child to be screened by School District 69 and I understand that participation in this screening process does not necessarily guarantee placement in the Pre-K program.

All screening results will be shared with the parent or guardian.

Parent / Guardian Name (Please Print)

Signature

Date

Relationship to Child

Revised 12/2024



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Pre-K Enrollment Preference Form

District 69 Pre-K is a play-based, pre-kindergarten readiness program for three and four year old children. It is a five day per week, half-day program with morning and afternoon sessions.

Pre-K Hours

Pre-K start and end time are staggered from the other buildings to allow our families to drop off and pick up their preschoolers in addition to older siblings who may be located at a different building. Unfortunately, we will not be able to change a student's placement because of a sibling's placement at a different school. With that said, please let us know if you have another child who is also enrolled in our Pre-K program.

We do our best to accommodate families' preferences, but, due to enrollment, we cannot guarantee all families will be given their preference.

Please select a session preference using the form below.

Child Name: _____

Pre-K Enrollment Options	
(Preferences cannot be guaranteed)	
Preferred Session	
<input type="checkbox"/> (AM) 8:25 a.m. – 11:10 a.m.*	<input type="checkbox"/> (PM) 12:25 p.m. – 3:10 p.m.*
Do you have another preschool aged child enrolled in D69 Pre-K?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Name: _____	
*Pre-K Hours are subject to change. Any changes to the hours will be communicated to families.	



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Report Card Translation Waiver

Please check one and return to the school office:

I waive the right to receive a copy of my child's report card in our home language.
I will get my child's report card in English.

Child's name: _____

Parents' signature: _____

Date: _____

I request a copy of my child's report card in our home language of _____.
If it is not possible to translate the report card into our home language, then I will contact my child's teacher to request a conference for an explanation on of the report card.

Child's name: _____

Parents' signature: _____

Date: _____

Updated 12/21